

**UTILITY
PATENT APPLICATION
TRANSMISSION**

Our Docket No.:
33483/US/ENB

Date: **September 9, 2003**

First Named Inventor: **PAUL DOUGLAS CORL**

Title: **Apparatus for Ascertaining Blood
Characteristics and Probe for Use Therewith**

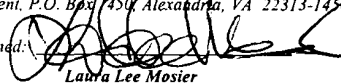
Express Mail No.: **EV 182 097 615 US**

22278 U.S. PTO
10/658926
09/09/03

CERTIFICATE OF MAIL (37 CFR 1.8(a))

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to: MAIL STOP PATENT APPLICATION, Commissioner for Patent, P.O. Box 1450, Alexandria, VA 22313-1450 on September 9, 2003

Signed:


Laura Lee Mosier

ADDRESS TO:

**Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

APPLICATION ELEMENTS

- | | |
|---|--|
| <p>1. <input checked="" type="checkbox"/> Fee Calculation Sheet (Submit an original and a duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Applicant claims small entity status</p> <p>3. <input checked="" type="checkbox"/> Specification Total Pages: 36 <input checked="" type="checkbox"/> Descriptive title of the invention <input checked="" type="checkbox"/> Cross References to Related Applications <input type="checkbox"/> Statement Regarding Fed. Sponsored R&D <input type="checkbox"/> Reference to Microfiche Appendix <input checked="" type="checkbox"/> Background of the Invention <input checked="" type="checkbox"/> Brief Summary of the Invention <input checked="" type="checkbox"/> Brief Description of the Drawings <input checked="" type="checkbox"/> Detailed Description <input checked="" type="checkbox"/> Claims <input checked="" type="checkbox"/> Abstract of the Disclosure</p> <p>4. <input checked="" type="checkbox"/> Drawings (35 U.S.C. 113) Total Sheets: 11</p> <p>5. <input type="checkbox"/> Oath or Declaration Total Pages: a. <input type="checkbox"/> Newly Executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. 1.63(d)) (for continuation/divisional with Box 19 completed) 1. <input type="checkbox"/> <u>DELECTION OF INVENTORS</u> Signed statement attached deleting inventor(s) named in the prior application (37 C.F.R. 1.63(d)(2) and 1.33(b))</p> <p>6. <input type="checkbox"/> Application Data Sheet (37 C.F.R. 1.76)</p> | <p>7.. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (If applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. <input type="checkbox"/> Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statement verifying identify of above copies</p> <p>ACCOMPANYING APPLICATION PARTS</p> <p>9. <input type="checkbox"/> Certification Under 35 U.S.C. 122(b)(2)(B)(i)</p> <p>10. <input type="checkbox"/> Recorded Assignments from prior application</p> <p>11. <input type="checkbox"/> 37 C.F.R. 3.73(b) Submission</p> <p>12. <input type="checkbox"/> Revocation and Power of Attorney from prior application</p> <p>13. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>14. <input type="checkbox"/> Information Disclosure Statement (with Copies of Citations as necessary)</p> <p>15. <input type="checkbox"/> Preliminary Amendment Total Pages: 5</p> <p>16. <input checked="" type="checkbox"/> Return Receipt Postcard (Should be specifically itemized)</p> <p>17. <input type="checkbox"/> Certified Copy of Priority document(s) (if foreign priority is claimed)</p> <p>18. <input type="checkbox"/> Other</p> |
|---|--|

19. **If a CONTINUING APPLICATION**, check appropriate box and supply the requisite information:
☐ Continuation ☐ Division ☐ Continuation-in-part (CIP) of prior Application Nos.:

For continuation or divisional applications: The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 5b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference

CORRESPONDENCE ADDRESS

| | | | |
|------------|---|-------------------|------------------------|
| ATTY NAME | Edward N. Bachand Reg. No. 37,085 | DATE: | |
| SIGNATURE: | | September 9, 2003 | |
| ADDRESS | DORSEY & WHITNEY LLP Four Embarcadero Center, Suite 3400 San Francisco, California 94111-4187 | | Customer Number: 32940 |
| TELEPHONE | (650) 494-8700 | | |
| FAX | (650) 494-8771 | | |

1063146



APPLICATION FEE TRANSMITTAL SHEET

Complete if Known

| | |
|--------------------------------|--|
| Application No. | To be assigned |
| Filing Date | September 9, 2003 |
| First Named Inventor | Paul Douglas CORL |
| Group Art Unit | To be assigned |
| Examiner Name | To be assigned |
| Atty. Docket Number and Title: | 33483 /ENB Apparatus for Ascertaining Blood Characteristics and Probe for Use Therewith |

METHOD OF PAYMENT (Check One)

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:
Deposit Account No.: 50-2319
Deposit Account Name: DORSEY & WHITNEY LLP

- ☐ Charge any additional fee required under 37 C.F.R. 1.16 and 1.17
☒ Applicant claims small entity status (see 37 C.F.R. 1.27)

2. ☒ Check Enclosed

FEE CALCULATION

1. BASIC FILING FEE

| Large Entity | | Small Entity | | Fee Description |
|--------------|----------|--------------|----------|--|
| Fee Code | Fee (\$) | Fee Code | Fee (\$) | |
| 114 | 160 | 214 | 80 | <input type="checkbox"/> Prov. Filing Fee |
| 101 | 750 | 201 | 375 | <input checked="" type="checkbox"/> Utility Filing Fee |
| 106 | 330 | 206 | 165 | <input type="checkbox"/> Design Filing Fee |
| 108 | 740 | 208 | 370 | <input type="checkbox"/> Reissue Filing Fee |
| Subtotal (1) | | | | \$375 |

2. EXTRA CLAIM FEES

| | Number Claims | Prior | Extra | Fee from Below* | Fee Paid |
|---------------------------|---------------|-------|-------|-----------------|----------|
| Total | 55 | - 20 | = 35 | x 9 | = 315 |
| Indep. | 10 | - 3 | = 7 | x 42 | = 294 |
| Multiple Dependent Claims | | | x | | = |
| Subtotal (2) | | | | | \$609 |

| Large Entity | | Small Entity | | Fee Description |
|--------------|----------|--------------|----------|---|
| Fee Code | Fee (\$) | Fee Code | Fee (\$) | |
| 103 | 18 | 203 | 9 | Claims in excess of 20 |
| 102 | 84 | 202 | 42 | Independent claims in excess of 3 |
| 104 | 280 | 204 | 140 | Multiple dependent Claim |
| 109 | 84 | 209 | 42 | Reissue independent claims over original patent |
| 110 | 18 | 210 | 9 | Reissue claims in excess of 20 and over original patent |

3. ADDITIONAL FEES

| Large Entity | | Small Entity | | Fee Description | Fee paid |
|---------------------|----------|--------------|----------|--|----------|
| Fee Code | Fee (\$) | Fee Code | Fee (\$) | | |
| 127 | 50 | 227 | 25 | Surcharge - late provisional filing fee or cover sheet | |
| 105 | 130 | 205 | 65 | Surcharge - Late nonprovisional filing fee or oath | |
| 126 | 180 | 126 | 180 | Submission of IDS | |
| 581 | 40 | 81 | 40 | Recording each patent assignment per property (times number of properties) | |
| 115 | 110 | 215 | 55 | Extension for reply within first month | |
| 116 | 400 | 216 | 200 | Extension for reply within second month | |
| 117 | 920 | 217 | 460 | Extension for reply within third month | |
| 118 | 1,440 | 218 | 720 | Extension for reply within fourth month | |
| 128 | 1,960 | 280 | 980 | Extension for reply within fifth month | |
| 146 | 740 | 246 | 370 | Submission After Final 1.129 | |
| 119 | 320 | 219 | 160 | Notice of Appeal | |
| 120 | 320 | 220 | 160 | Filing a brief in support of an appeal | |
| 121 | 280 | 221 | 140 | Request for oral hearing | |
| 148 | 110 | 248 | 55 | Terminal Disclaimer Fee | |
| 122 | 130 | 122 | 130 | Petitions to the Commissioner | |
| 123 | 50 | 123 | 50 | Petitions related to provisional applications | |
| 142 | 1,280 | 242 | 640 | Utility/Reissue Issue Fee (including advance copies) | |
| 143 | 460 | 243 | 230 | Design Issue Fee (inc. advance copies) | |
| 179 | 740 | 279 | 370 | Request for Continued Examination (RCE) | |
| 195 | 300 | 195 | 300 | Publication fee for early, voluntary, or normal publication | |
| 196 | 300 | 196 | 300 | Publication fee for re-publication | |
| 140 | 110 | 240 | 55 | Petition to Revive - unavoidable | |
| 141 | 1,280 | 241 | 640 | Petition to Revive - unintentional | |
| OTHER FEE (specify) | | | | | -0- |
| Subtotal (3) | | | | | |

Total Amount of Payment: \$984

Submitted by:

Name: Edward N. Bachand

Reg. No. 37,085

Telephone : (650) 494-8700

Signature:

Date: September 9, 2003